

## Purchase Order Receipt Listing

Page 1 of 1

July-26-12 11:52:44 AM

All amounts are calculated in domestic currency.

All Vendors PO ID po17499 All Receipt Dates All Line Item Types

All Item ID/GL/WOs    All Rec. Employees    All Currencies

Grouped by Vendor ID

Purchase Order ID/ Curr Type	Line Nbr/ Insp Req	Project ID	Reference/ Description/ Cert Std	PO U/M / Stock U/M	Required Date Required Qty	Recv Date/ Recv Emp	Recv Qty (PO U/M)	Cost Per Unit/ Recv Value	Inspected Qty/ Rejected Qty (PO U/M)	MRB Qty/ MRB Reject Qty	Book Amt
VendorID/Vendor Name		VC-CAM002	Campi Steel								
PO17499	1		M6061T6S.032	sf	7/23/12	7/26/12	160.0000	\$3.16	0.0000	0	\$505.37
CAD	No		6061-T6 Sheet 0.032"	sf	160.0000	DESJ02		\$505.37	0.0000	0	
			122526								
Total Received Quantity:											160.0000
Total Qty to Inspect (PO U/M):											0.0000
Total Reject Quantity:											0.0000
Total Receipt Value:											\$505.38
Total Balance Due Quantity:											0.0000

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Receiving Report

Date: 12/7/26

Batch No: MP2526

Supplier: CAMP

Dart P/O: 17499

Packing Slip: Yes ☒ No ☐  
 Invoice: Yes ☐ No ☒  
 Receipt: Cash ☐ Cr ☒

Release Note Attached: Yes ☒ No ☐ N/A ☐  
 Waybill Attached: Yes ☐ No ☒  
 Shipment Complete: Yes ☒ No ☐ N/A ☐  
 QC6 Inspection ☒ N/A ☐  
 Work Order DAS 16 N/A ☒

## Discrepancies

Part Number	Description	Quantity Ordered	Quantity Received	Quantity Returned	Quantity Short	Comments

Initials of receiver (if shipment OK) Level 12

Production/Admin: 12/7/26  
 Date  
 Received/Costing  
 Initial

POSITIVE RECALL

EFFECTIVE 12/7/26 AUTH 1 Location

RELEASED DAS 16 DATE 12/15/26 Heat #



935, boul. du Havre

Valleyfield (Québec)

J6S 5L1

TÉLÉPHONE : 450 377-4248

FAX : 450 377-5696

MONTRÉAL : 514 336-4248

FAX : 514 336-4246

52850  
DISTRIBUTEUR D'ACIER ET MÉTAUX

STEEL AND SPECIALTY METALS DISTRIBUTOR

ONTARIO : 1 800 667-4248

FAX : 1 866 456-4242

On a du Savoir "FER"

VENDU À / SOLD TO:

613-632-5200

613-632-1053

EXPÉDIEZ À / SHIP TO:

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY,  
ONTARIO  
K6A 1K7DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY,  
ONTARIO  
K6A 1K7COMMANDE  
ORDER

N°

202365

DATE

20/07/12

BON DE LIVRAISON  
PACKING SLIP

N°

DATE DE LIVRAISON  
DELIVERY DATE

24/07/12

VOTRE N° DE COMMANDE / YOUR P.O. N°	VEND. / SALESM.	CODE CLIENT / CUST. CODE	EXPÉDIE PAR / SHIP VIA	TERMES / TERMS	TERR.	REMARQUES / REMARKS	PAGE N°
POI17499	JB	DAER		NET 30 JOURS	2R	<i>M/K</i>	001

CODE DE PRODUIT PRODUCT CODE	COMMANDE ORDERED	EXPÉDIÉ SHIPPED	DESCRIPTION	POIDS WEIGHT	PRIX PRICE	PAR PER *	MONTANT AMOUNT
	5	<i>5X</i>	FEUILLE AL.6061T6 .032 5' X 4' X 4'	5.00			
			** AVEC MILL TEST **				

\* Unités de mesure : CLB Cent livres / Units of measure: Hundred pounds • CPI Centpieds / Hundred feet • UN Unité / Unit • PI Pied / Foot • PC Pied carré / Square foot

POIDS TOTAL  
TOTAL WEIGHT

## CONDITIONS :

LES MATÉRIAUX LIVRÉS ET FACTURÉS TELS QUE DÉCRITS DÉMEURENT LA PROPRIÉTÉ DE "ACIER CAMP I INC." JUSQU'À PARFAIT PAIEMENT COMPLET ENCAISSÉ. • LES RISQUES DE PERTES DU BIEN SONT À LA CHARGE DE L'ACHETEUR. • LA GARANTIE DE QUALITÉ DU MATÉRIEL EST LA MÊME QUE CELLE DU FABRICANT. • L'ACHETEUR S'ENGAGE À RESPECTER LES CONDITIONS SUIVANTES : NET 30 JOURS DE LA DATE DE FACTURATION, ET TOUT COMPTE IMPAYÉ DANS LES 30 JOURS ENTRAÎNE DES FRAIS DE 2% PAR MOIS (24% PAR ANNÉE) QU'IL ACCEPTE DE PAYER. • TOUT DÉFAUT D'EXÉCUTER L'UNE OU L'AUTRE DES OBLIGATIONS EN VERTU DU PRÉSENT CONTRAT ENTRAÎNE LA DÉCHÉANCE DU TERME ET PERMET AU VENDEUR, À SON CHOIX, DE RÉCLAMER TOUT SOLDE DU PRIX DE VENTE OU REPRISE DU BIEN VENDU. • TOUTE RÉCLAMATION DOIT ÊTRE FAITE DANS LES CINQ JOURS SUR PRÉSENTATION DE CE DOCUMENT. • TOUTE MARCHANDISE ENDOMMAGÉE, ALTÉRÉE OU COUPÉE NE PEUT ÊTRE REPRISE. • AUCUN RETOUR DE MARCHANDISE NE SERA ACCEPTÉ SANS NOTRE AUTORISATION. • TOUTE MARCHANDISE RETOURNÉE EST SUJETTE À DES FRAIS DE MANUTENTION DE 25%.

## CONDITIONS:

ALL SOLD AND DELIVERED MATERIALS REMAIN THE PROPERTY OF "ACIER CAMP I INC." UNTIL PAYMENT IS MADE IN FULL, COMPLETE AND CASHED. ALL LOST MATERIALS ARE AT THE BUYER'S EXPENSE. • ALL MATERIALS BEAR THE SAME WARRANTY AS GIVEN BY THE MANUFACTURER. THE BUYER HEREBY ACCEPTS TO RESPECT THE FOLLOWING CONDITIONS: NET 30 DAYS FROM BILLING DATE AND THE BUYER ACCEPTS TO PAY ADMINISTRATION CHARGES OF 2% PER MONTH OR 24% PER ANNUM ON ALL PAST DUE ACCOUNTS OVER 30 DAYS. • ANY DEFAULT IN RESPECT WITH THIS CONTRACT WILL LEAD TO PAYMENT BY ACCELERATION AND PERMITS TO THE SELLER, AT HIS CHOICE TO CLAIM FOR THE BALANCE DUE OR THE REPOSSESSION OF THE GOODS SOLD. • ANY CLAIM MUST BE MADE WITHIN FIVE DAYS WITH THIS DOCUMENT ENCLOSED. • ANY MERCHANDISE THAT HAS BEEN DAMMAGED, CUT OR MODIFIED CANNOT BE RETURNED. • ALL GOODS RETURNED MUST BE WITH OUR AUTHORIZATION AND ARE SUBJECT TO A 25% RESTOCKING CHARGE.

MARCHANDISE REÇUE EN BONNE CONDITION / MERCHANDISE RECEIVED IN GOOD CONDITION

PRÉPARÉ / PREPARED.	VÉRIFIÉ / VERIFIED	LIVRÉ / DELIVERED	HEURE / TIME
PAR BY <i>M/K</i>	PAR BY	PAR BY	

SIGNATURE DU CLIENT / CUSTOMER'S SIGNATURE			DATE		
<i>[Signature]</i>			A/Y M/M J/D		

SOUS-TOTAL  
SUB TOTALT.P.S.  
G.S.T.T.V.Q. / T.V.H.  
Q.S.T. / H.S.T.

TOTAL

935, boul. du Havre  
Valleyfield (Québec)  
J6S 5L1

**TÉLÉPHONE : 450 377-4248**  
**FAX : 450 377-5696**

**MONTREAL : 514 336-4248**  
**FAX : 514 336-4246**

**DISTRIBUTEUR D'ACIER ET MÉTAUX SPÉCIALISÉS**  
**STEEL AND SPECIALTY METALS DISTRIBUTOR**

**ONTARIO : 1 800 667-4248**  
**FAX : 1 866 456-4242**

**On a du Savoir "FER"**

**VENDU À / SOLD TO:**

**613-632-5200**

~~613-632-1053~~

**EXPÉDIEZ À / SHIP TO:**

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY,  
ONTARIO  
K6A 1K7

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY,  
ONTARIO  
K6A 1K7

COMMANDE  
ORDER

N° 202365

DATE 20/07/12

**BON DE LIVRAISON**      **N°**  
**PACKING SLIP** .....

DATE DE LIVRAISON	24/07/12
DELIVERY DATE	

VOTRE N° DE COMMANDE / YOUR PO. N°	VENDEUR / SALESMAN	CODE CLIENT / CUST. CODE	EXPEDIE PAR / SHIP VIA	TERMES / TERMS	TERME	REMARQUES / REMARKS	PAGE N°
POI17499	JB	DAER		NET 30 JOURS	28		001

[illegible]

* Unidades de medida : Units of measure:	CLB	Conchinos Muscard pounds	- GPI	Centropia Muscard feet	- UN	Unite Unit	- PI	Pied Foot	- PC	Pied carré Square foot
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POIDS TOTAL	5
TOTAL WEIGHT	

**CONDITIONS :**

[illegible]

**CONDITIONS:**

ALL SOLD AND DELIVERED MATERIALS REMAIN THE PROPERTY OF "ACORN CAMPY INC." UNTIL PAYMENT IS MADE IN FULL, COMPLETE AND CASHED.  
ALL LOGS, MATERIALS ARE THE PROPERTY OF ACORN. ALL MATERIALS BEING THE PROPERTY ARE GIVEN BY THE MANUFACTURER.  
THE BUYER AGREES TO ACCEPT THE FOLLOWING CONDITIONS: NET 30 DAYS FROM DATE AND THE BUYER AGREES TO PAY  
ADMINISTRATION CHARGES OF 2% PER MONTH ON 24% PER ANNUM ON ALL PAST DUE ACCOUNTS OVER 30 DAYS. \* ANY DELAY IN RESPECT WITH  
THIS CONTRACT WILL LEAD TO PAYMENT BY ACCUMULATION AND PENALTY TO THE SELLER. AT HIS CHOICE TO CLAIM FOR THE BALANCE DUE OF THE  
REFUNDING OF THE BUYER'S CREDIT. \* ANY CLAIM MUST BE MADE WITHIN FIVE DAYS WITH THIS DOCUMENT ENCLOSED. \* ANY DISCONTINUATION OF  
THIS ORDER IMMEDIATELY OUT OF WORKING CANNOT BE RETURNED. \* ALL GOODS RETURNED MUST BE WITH IN AUTHORIZATION AND ARE SUBJECT  
TO A 25% RESTOCKING CHARGE.

MARCHANDISE RECUE EN BONNE CONDITION / MERCHANDISE RECEIVED IN GOOD CONDITION

**X**

A/Y	M/M	J/D
-----	-----	-----

SIGNATURE DU CLIENT / CUSTOMER'S SIGNATURE

DATE

SOUS-TOTAL	
SUB TOTAL	

T.P.S.  
G.S.T.

T.V.Q. / T.V.H.  
Q.S.T. / H.S.T.

**TOTAL**

PRÉPARÉ / PREPARED	VÉRIFIÉ / VERIFIED
--------------------	--------------------

LIVRE / DELIVERED

## 1 HEURE / TIME

PAR  
BY

PART  
BY

PAGE  
BY

N° ENR. TPS / GST REG. N° B 135 534 717 - N° ENR. TVQ / GST REG. N° 1 015 668 543

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>																		
Doc/Data <input type="checkbox"/>																											
Equip/Tooling <input type="checkbox"/>																											
Operator <input type="checkbox"/>																											
Material <input type="checkbox"/>																											
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Process <input type="checkbox"/>																											
Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unapproved <input type="checkbox"/>																											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

# CERTIFIED INSPECTION REPORT

Alcoa Inc.

PITTSBURGH, PA DAVENPORT WORKS  
Ship From: RIVERDALE, IA.

We hereby certify that the material covered by this certificate has been inspected with, and has been found to meet, the applicable requirements described therein, including any specifications forming a part of the description and that samples representative of the material met the composition limits and had the mechanical properties shown on the face of this sheet.

Malcolm Murphy  
Director of Manufacturing Davenport Works

Kenon P. Young  
Quality Assurance Manager

1165911 0  
Ship Date B.L. No. Invoice No. Alcoa No. Item Page 1  
2010-09-24 5199512 00000 1000214372-1 DCE-14372-1  
P.O. No./Govt Contract No. Customer Alcoa Item  
G041094035R05

Ship To:

DAS  
16  
9-83  
17/4/26

Item Description  
0.032 IN TK (+.0025 -.0025) X 48.0 IN W (+.125 -.125) X 144.0 IN LN (+.15625 -.15625) (N) A/T 6061-  
T6 FLAT SHEET MILL FINISH, AMS4027 REV N  
EKC MRK ASTMB209 REV 07 CMMPO25 REV 8  
((MARKED)) KRAFT PAPER INTERLEAVED  
MAX GROSS SKID WGT: 4500 LB QUAN TOL +/-  
30 \* CQR 0209857 REV 05 CUST REQ 10-08-  
25 \*\*\* W/E 10-08-28 \*\*\*

Num	Package Ticket	Lot	Weight	Quantity	UOM	Inspector Clock Numbers
1	241929	361258	4055	192	PC	27112 47045
2	241932	361258	4121	192	PC	27112 47045
3	241935	361258	4091	192	PC	27112 47045
4	241939	361258	464	22	PC	27112 47045
			12731	598		

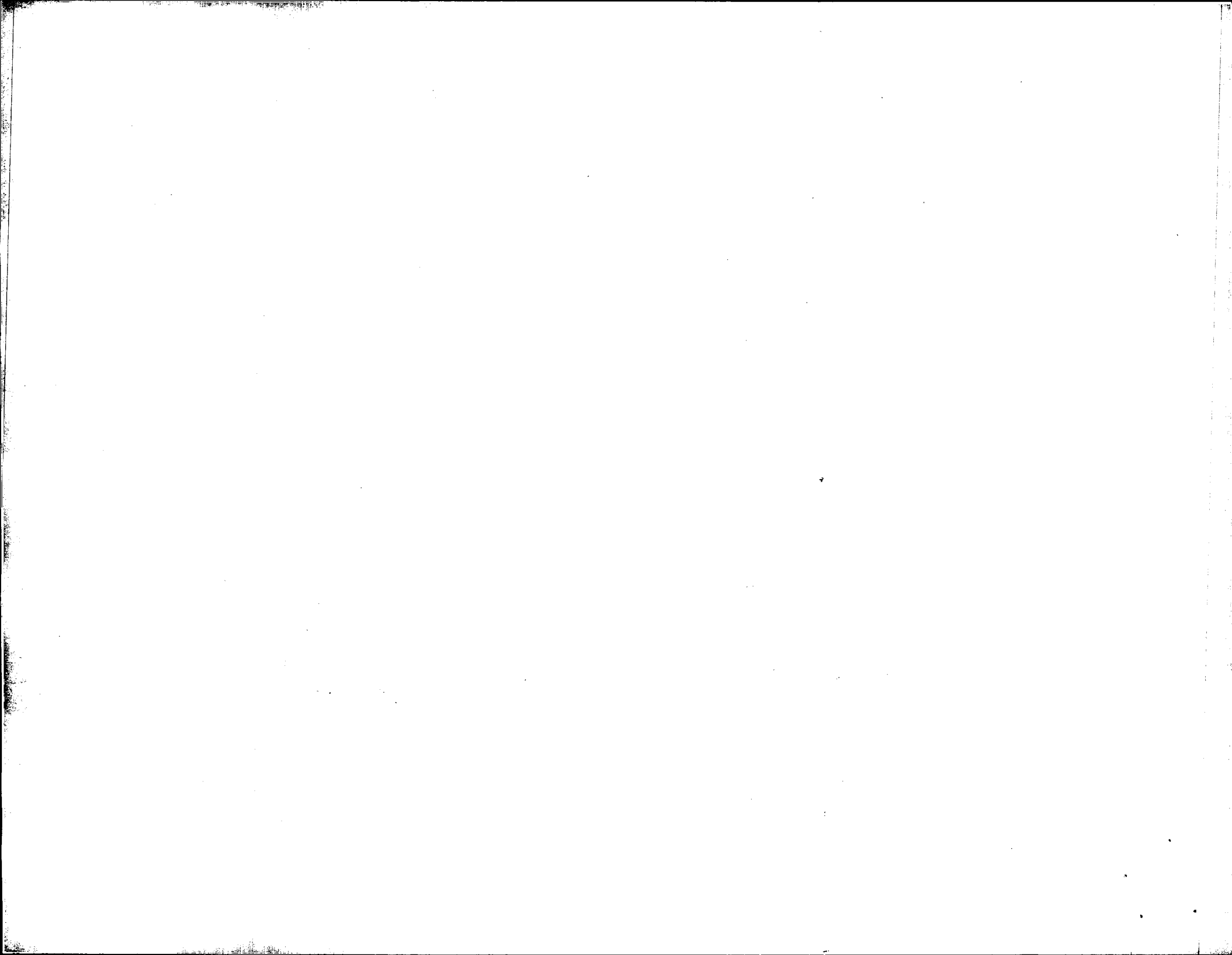
Notes for CQR: 0209857.5  
PRODUCT PRODUCED TO THE REQUIREMENTS OF AMS4027 REV N ALSO MEET THE REQUIREMENTS OF AMS-QQ-A-250\_11 ORIGINAL REVISIO N DATED 1997-08-01.  
CQR: 0209857.5 -Specification Limits -----

Temp	Dir	UTS	TYS	EL4D
T6	Long Transv.	KSI	KSI	PCT
	Max			
	Min	42.0	35.0	10

Chemical Composition	SI	FE	CU	MN	MG	CR	ZN	TI	Other	Other
Alloy 6061	Max	0.8	0.7	0.40	0.15	1.2	0.35	0.25	0.15	0.05
Lot: 361258	Min	0.40		0.15		0.8	0.04			

Temp	Dir	No.	UTS	TYS	EL4D
T6	Long Transv.	Test	KSI	KSI	PCT
		2	50	41.3	13.7

1 mcf





# CERTIFIED INSPECTION REPORT

Alcoa Inc.

PITTSBURGH, PA DAVENPORT WORKS  
Ship From: RIVERDALE, IA.

We hereby certify that the material covered by this certificate has been inspected with, and has been found to meet, the applicable requirements described therein, including any specifications forming a part of the description and that samples representative of the material met the composition limits and had the mechanical properties shown on the face of this sheet.

*[Signature]*

Malcolm Murphy  
Director of Manufacturing Davenport Works

*[Signature]*

Kenton P. Young  
Quality Assurance Manager

1165911	0			
Ship Date	B.L. No.	Invoice No.	Alcoa No. Item	Page 2
2010-09-24	5199512	00000	1000214372-1	DCR-14372-1
P.O. No./Govt Contract No.	Customer	Alcoa Item		
		G041094035R05		

Lot: 361258 - Mechanical, Physical, Metallography, Quantometer Results (cont.) -----  
49.9 40.9 14

Cast Number	Chemical - OES	SI	FE	CU	MN	MG	CR	ZN	TI
H8999023	Actuals	0.63	0.4	0.25	0.07	0.9	0.20	0.05	0.02

This material was melted in the United States or a Qualifying Country (REF DFARS 225.872.1(a)); it was manufactured in the United States

# CERTIFIED INSPECTION REPORT

Alcoa Inc.

DAVENPORT WORKS 4879 State Street Bettendorf, IA 52722

Ship From: RIVERDALE, IA.

We hereby certify that the material covered by this certificate has been inspected with, and has been found to meet the applicable requirements described therein, including any specifications forming a part of the description and that samples representative of the material met the composition limits and had the mechanical properties shown on the face of this sheet.

This test report shall not be reproduced except in full, without the written approval of the Quality Department. No alteration, addition or other change is authorized to be made to this certificate. The recording of false, fictitious, or otherwise fraudulent statements or entries on this certificate by any recipient may be punished as a felony under applicable law.

Malcolm Murphy  
Director of Manufacturing Davenport Works

Terrence Thom  
Quality Assurance Manager

1316538	0		
Ship Date	B.L. No.	Invoice No.	Alcoa No. Item
2011-12-05	5543271	00000	1000332839-1
P.O. No./Govt Contract No.	Customer	Alcoa Item	DPE-32839-1
		3041094035R06	

Page 1 of 2

Ship To:

DA  
16  
2-89  
17/10/26

Item Description  
0.032 IN TK (+.0025 -.0025) X 48.0 IN W (+.125 -.125) X 144.0 IN LN (+.15625 -.15625) (N) A/T 6061-T6 FLAT SHEET MILL FINISH. AMS4027 REV N  
EXC MRK ASTM B209 REV 10 CMMF025 REV S  
(MARKED) KRAFT PAPER INTERLEAVED  
MAX GROSS SKID WGT: 4500 LB QUAN TOL +/-  
30 % CQR 0209857 REV 06 CUST REQ 11-11-26 \*\*\* W/E 11-12-10 \*\*\*

Num	Package Ticket	Lot	Weight	Quantity	UOM	Inspector Clock Numbers
1	361679	781264	291	14	PC	27606 47004
2	361803	781264	4092	192	PC	27606 47004
3	361804	781264	4094	192	PC	27606 47004
4	361806	781264	3737	180	PC	27606 47004
			12214	578		

Notes for CQR: 0209857.6  
PRODUCT PRODUCED TO THE REQUIREMENTS OF AMS4027 REV N ALSO MEET THE REQUIREMENTS OF AMS-QQ-A-250\_11 ORIGINAL REVISION DATED 1997-08-01.

CQR: 0209857.6 -Specification Limits

Temp	Dir	UTS	TYS	EL4D
T6	Long Transv.	KSI	KSI	PCT
		Max		
		Min	42.0	35.0
				10

4 mcf

# CERTIFIED INSPECTION REPORT

Alcoa Inc.

DAVENPORT WORKS 4879 State Street Bettendorf, IA 52722

Ship From: RIVERDALE, IA.

We hereby certify that the material covered by this certificate has been inspected with, and has been found to meet the applicable requirements described therein, including any specifications forming a part of the description and that samples representative of the material met the composition limits and had the mechanical properties shown on the face of this sheet.

This test report shall not be reproduced except in full, without the written approval of the Quality Department. No alteration, addition or other change is authorized to be made to this certificate. The recording of false, fictitious, or otherwise fraudulent statements or entries on this certificate by any recipient may be punished as a felony under applicable law.

Per:

Malcolm Murphy

Director of Manufacturing Davenport Works

Terence Thom

Quality Assurance Manager

1316538

0

Ship Date

B.L. No.

Invoice No.

Alcoa No. Item

2011-12-05

6543271

00000

1000132839-1

DPE-32839-1

P.O. No./Govt Contract No.

Customer

Alcoa Item

G041094035R06

Page 2 of 2

CQR: 0209857.6 -Specification Limits (cont.)

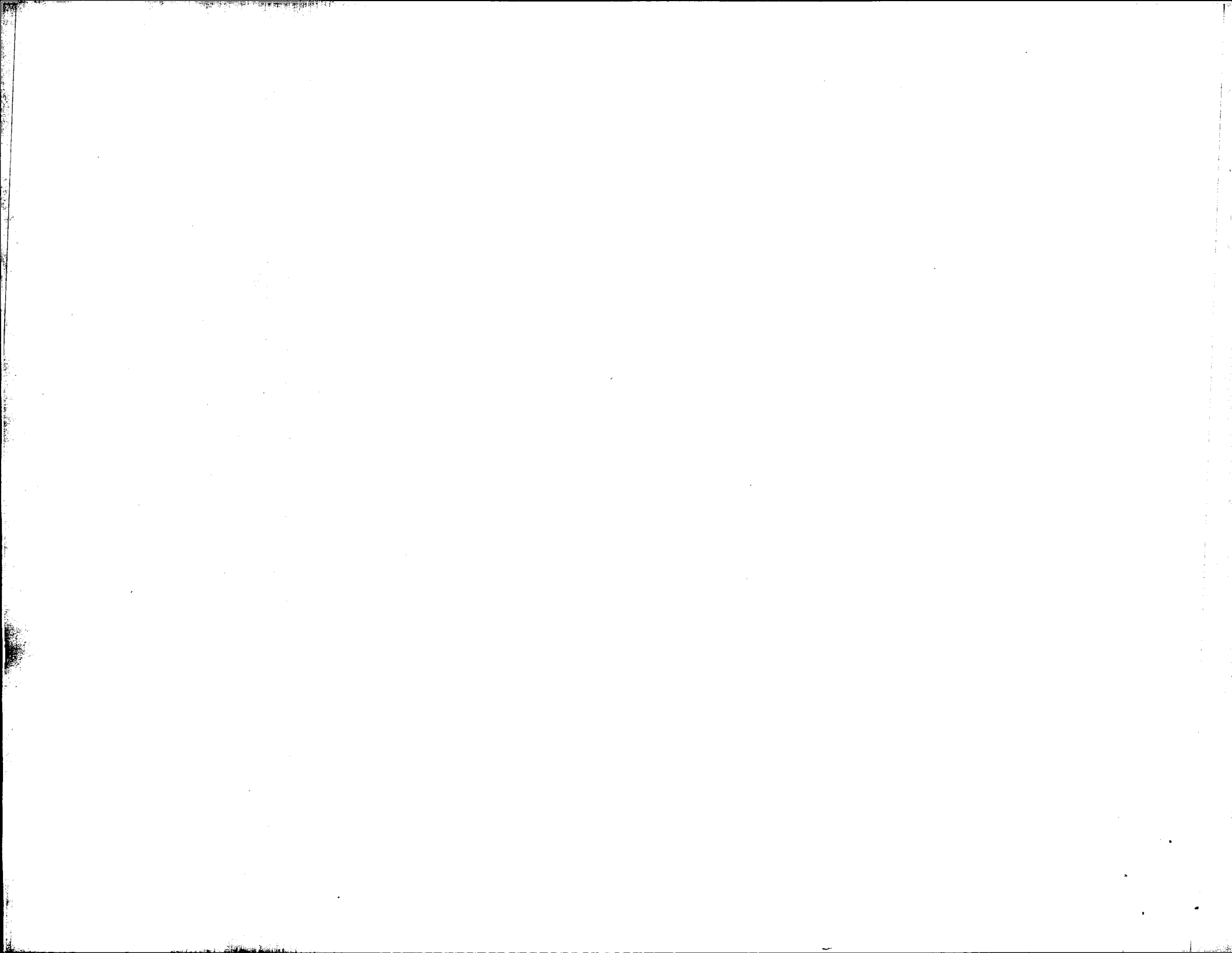
Chemical Composition		SI	FE	CU	MN	MG	CR	ZN	TI	Other Each	Other Total
Alloy 6061	Max	0.8	0.7	0.40	0.15	1.2	0.35	0.25	0.15	0.05	0.15
Lot: 781264	Min	0.40		0.15		0.8	0.04				

- Mechanical, Physical, Metallography, Quantometer Results

Temp	Dir	No-->	UTS	TYS	EL4D
T6	Long Transv.	2	KSI	KSI	PCT
			49.5	42.4	11.4
			49.6	42.5	11.4

Cast Number	Chemical - OBS	SI	FE	CU	MN	MG	CR	ZN	TI
H8675033	Actuals	0.64	0.4	0.26	0.09	0.9	0.15	0.05	0.03

This material was melted in the United States or a Qualifying Country [REF DFARS 225.872.1(a)]; it was manufactured in the United States





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO17499**

Purchase Order Date 7/20/12

PO Print Date 7/20/12

Page Number 1 of 1

**Order From :**

VC-CAM002

CAMPI STEEL  
935 BOUL. DU HAVRE  
VALLEYFIELD, QC J6S 5L1  
CA

**Contact Name**

**Vendor Phone** 800 667 4248

**Vendor Fax** 450 377 5696

**Vendor Account Nbr**

**Buyer**

Chantal Lavoie

**Requisition Nbr**

**Tax Resale Nbr**

**Terms**

**Currency**

**FOB**

10127-2607

Net 30

CAD

Destination-Collect

**Ship To :**

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

*REVISED*

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	M6061T6S.032	6061-T6 Sheet 0.032"	7/23/12 Yes	160.00 sf	Yours ppd	\$3.2188	\$515.00

*021*

**Special Inst:** MATERIAL: 6061-T6/T62 ALUMINUM  
SHEET  
AS PER QQ-A-250/11 OR AMS-QQ-A-  
250/11 OR  
AMS 4025 OR AMS 4027 OR ASTM B209

*Purp 7/26*

**PO Total:**

**\$515.00**

**MATERIAL CERTIFICATION  
REQ'D UPON DELIVERY**

**Change Nbr:** 2

**Change Date:** 7/20/12

*CL*

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES NO

TRANSMISSION VERIFICATION REPORT

TIME : 02/26/2008 04:43  
NAME :  
FAX :  
TEL :  
SER.# : F9N212739

DATE, TIME	02/26 04:42
FAX NO./NAME	14503775696
DURATION	00:00:18
PAGE(S)	01
RESULT	OK
MODE	STANDARD
	ECM



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO17499

Purchase Order Date 7/20/12

PO Print Date 7/20/12

Page Number 1 of 1

Order From :

VC-CAM002

CAMPI STEEL  
935 BOUL. DU HAVRE  
VALLEYFIELD, QC J6S 5L1  
CA

Contact Name

Vendor Phone

Vendor Fax

Vendor Account Nbr

800 667 4248

450 377 5696

Buyer

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

Chantal Lavoie

10127-2607

Net 30

CAD

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
6/25/12

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	M6061T6S.032	6061-T6 Sheet 0.032"	7/23/12 Yes	160.00 sf	Yours ppd	\$1.8491	\$295.85

Special Inst: MATERIAL: 6061-T6/T62 ALUMINUM  
SHEET  
AS PER QQ-A-250/11 OR AMS-QQ-A-  
250/11 OR  
AMS 4025 OR AMS 4027 OR ASTM B209

PO Total:

\$295.85

*RUSH*  
*please advise \$\$\$*

**MATERIAL CERTIFICATION  
REQ'D UPON DELIVERY**

Change Nbr: 1

Change Date: 7/20/12

*CL*  
No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required **YES** NO





TRANSMISSION VERIFICATION REPORT

TIME : 02/26/2008 01:17  
NAME :  
FAX :  
TEL :  
SER.# : F9N212739

DATE, TIME	02/26 01:17
FAX NO./NAME	14503775696
DURATION	00:00:19
PAGE(S)	01
RESULT	OK
MODE	STANDARD
	ECM